

Exhibit A-3

Third UCC

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

L. E. (Ted) Brizzolara, III
 McCall, Parkhurst & Horton L.L.P.
 717 North Harwood
 9th Floor
 Dallas, Texas 75201

05-0037658781**12/09/2005 11:02 AM****FILED**TEXAS
SECRETARY OF STATE**SOS****111144630004**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

Christian Care Centers, Inc.

OR 1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

1000 Wiggins Parkway

Mesquite

TX

75150

US

1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION Nonprofit Corporation

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

TX-0009048001

 NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

 NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

JPMorgan Chase Bank, National Association, as Trustee

OR 3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

600 Travis Street, Suite 1150

Houston

TX

77002

US

4. This FINANCING STATEMENT covers the following collateral:

The Trust Estate as described in the Amended and Restated Master Trust Indenture, Deed of Trust and Security Agreement, dated as of September 15, 1996 and effective as of December 1, 2005, as supplemented, between the Secured Party and Debtor.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	(if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)	(ADDITIONAL FEE)	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

L. E. (Ted) Brizzolara, III
 McCall, Parkhurst & Horton L.L.P.
 717 North Harwood
 9th Floor
 Dallas, Texas 75201

05-0037658670**12/09/2005 11:02 AM****FILED**TEXAS
SECRETARY OF STATE**111144630003**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME		1b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX	
Christian Care Centers Foundation, Inc.								
OR								
1c. MAILING ADDRESS		1d. TAX ID #: SSN OR EIN			CITY	STATE	POSTAL CODE	COUNTRY
1000 Wiggins Parkway		ORGANIZATION DEBTOR			Mesquite	TX	75150	US
1e. ADD'L INFO RE ORGANIZATION		1f. TYPE OF ORGANIZATION			1g. JURISDICTION OF ORGANIZATION	1h. ORGANIZATIONAL ID #, if any		
		Nonprofit Corporation			Dallas County	TX-0120697201		
<input type="checkbox"/> NONE								

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME		2b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX	
OR								
2c. MAILING ADDRESS		2d. TAX ID #: SSN OR EIN			CITY	STATE	POSTAL CODE	COUNTRY
2e. ADD'L INFO RE ORGANIZATION DEBTOR		2f. TYPE OF ORGANIZATION			2g. JURISDICTION OF ORGANIZATION	2h. ORGANIZATIONAL ID #, if any		
<input type="checkbox"/> NONE								

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME		3b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX	
JPMorgan Chase Bank, National Association, as Trustee								
OR								
3c. MAILING ADDRESS		3d. ADDRESS OF SECURED PARTY			CITY	STATE	POSTAL CODE	COUNTRY
600 Travis Street, Suite 1150					Houston	TX	77002	US

4. This FINANCING STATEMENT covers the following collateral:

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5. ALTERNATIVE DESIGNATION [if applicable]:		LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING	
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [or record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [if applicable] ADDITIONAL FEE: <input type="checkbox"/> optional		<input type="checkbox"/> optional		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2
8. OPTIONAL FILER REFERENCE DATA								